

DEPARTMENT OF HEALTH & HUMAN SERVICES
ADMIT/TRANSFER/DISCHARGE FORM for
PRIVATE NONMEDICAL INSTITUTION (PNMI)
MAINECARE MEMBERS ONLY

IF NOT A MAINECARE MEMBER, DO NOT COMPLETE THIS FORM.

Member Name: _____

MaineCare Number:

Facility Name: _____ Facility Contact Person: _____

Facility Phone #: _____ Fax #: _____ E-mail: _____

NEW ADMIT TO YOUR FACILITY Admit Date _____

Notified OIAS (when new admit is SSI recipient)

OES Response: End Date _____ (Reclassification Due)

RECLASS: (Member continues to reside at your facility) Current Reclassification Due Date _____

OES Response: End Date _____ (Next Reclassification Due)

TRANSFERRED TO:

Hospital: Name _____ Admit Date _____ Return to PNMI Date _____

Nursing Facility: Name _____ Admit Date _____ Return to PNMI Date _____

Leave Day Request Start Date _____ End Date _____

Vacation Home Stay Other (specify): _____

DISCHARGED TO:

Home Address _____ Date _____

Other PNMI (name) _____ Date _____

Nursing Facility (name) _____ Date _____

DECEASED Date of Death: _____ Location at time of death: PNMI Hospital NF

Person completing this form: _____ Date Submitted: _____

Fax this form to Office of Elder Services (OES) Fax #287-9230.